



MCHENRY COUNTY HOUSING AUTHORITY

Homeless Preference Continuum of Care Participation Verification

Name: _____ Social Security No: _____
(Applicant, head of household)

I hereby permit you to release to the McHenry County Housing Authority and its staff, any information required by them to evaluate my eligibility for **Taylor Place Apartments Project Based Voucher (PBV)** assistance.

Signature: _____ Date: _____

For the Continuum of Care Provider

PLEASE CHECK APPLICABLE SECTION(S) AND RETURN TO ABOVE ADDRESS

Applicant currently (within the last 30 days) resides within our shelter in the following program:

- Emergency Shelter
- Transitional Housing Program
- Permanent Supportive Housing Program
- Shelter/Housing Other, Explain: _____

Applicant is/has successfully participated in service offered by our agency within the past 30 days:

- Self-Sufficiency
- Education
- Job Readiness
- Other: _____

_____ The verifying agency recommends and supports the above listed applicant family for Housing Assistance through the McHenry County Housing Authority.

_____ Supportive Services through our agency will continue to be available for the applicant after the tenancy begins.

Agency Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Completed by: _____ Date: _____
Signature

Printed Name and Title

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction

1125 Mitchell Ct., Crystal Lake IL 60014 Phone (815) 338-7752 Fax (815) 526-3151



McHenry County Housing Authority is an Equal Opportunity Provider and Employer

